



2157
TFW

In re Application of:

Docket No. 03500.014845.

ATSUSHI KAKIMOTO

Application No.: 09/678,893

Examiner: L.T. Jacobs

Filed: October 4, 2000

Art Unit: 2157

For: INFORMATION MANAGEMENT METHOD
IN NETWORK SYSTEM

February 28, 2006

Mail Stop: Amendment

THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

| CLAIMS AS AMENDED | | | | | | |
|--|--|-------|--|-------------------------|------------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 27 | MINUS | ** 30 | = 0 | x \$25 \$50 | \$0.00 |
| INDEP. CLAIMS | * 9 | MINUS | *** 6 | = 3 | x \$100 \$200 | \$600.00 |
| Fee for Multiple Dependent claims \$180°/\$360 | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--- | | | | | | \$600.00 |

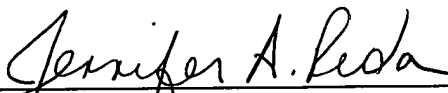
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$600.00 is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Jennifer A. Reda
Attorney for Applicant
Registration No. 57,840

FITZPATRICK, CELLA, HARPER & SCINTO
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03500.014845.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re Application of:

ATSUSHI KAKIMOTO

Application No.: 09/678,893

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METHOD IN NETWORK
SYSTEM

Examiner: L.T. Jacobs

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Mail Stop: Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated November 30, 2005, please amend the above-referenced application as follows. The amendments to the specification are discussed on page 2, amendments to the claims are reflected in the listing beginning at page 5. The Remarks begin at page 21.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

February 28, 2006

(Date of Deposit)

Jennifer A. Reda (57,840)

(Name of Attorney for Applicant)

Jennifer A. Reda
Signature

February 28, 2006
Date of Signature

03/07/2006 EAREGAY1 00000001 09678893

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